MISSOURI STATE BOARD OF HEALTH Do not use this mace. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH stated EXACILY. PHYSICIANS should state statement of OCCUPATION is very important. Registration District No..... Primary Registration District No...... (a) Residence. No...... (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred VES. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 1932 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 195 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) HEREBY CENTIFY, That I attended deceased from L .... SA. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** that I last saw h \_\_\_\_ alive on \_\_\_\_ (OR) WIFE OF should be sid. Exact is death occurred, on the date stated above, at 7:30 R.m. 6. DATE OF BIRTH (MONTH, DA PARKEYEAR) LUCK THE CAUSE OF DEATH+ WAS AS FOLLOWS: 7. AGE YEARS DAYS If LESS than 1 MONTHS 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.. (b) General nature of industry. (SECONDARY) business, or establishment in which employed (or employer)..... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATH (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY. 10. NAME OF FATHER OF DEATH in plain terms, WAS THERE AN AUTOPSY? .. WHAT TEST CONFIRMED DIAGNOSIST ..... 11. BIRTHPLACE OF FATHER (CITY OF TOWN (STATE OR COUNTRY) , 19 (Address) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL 14. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT 15. REGISTRAR



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MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED LY. PHYSICIANS should state CCUPATION is very important. BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON CERTIFICATE OF DEATH THIS SUPPLEMENTARY. 1. PLACE OF DEATH blin) Registration District No.... File No..... Primary Registration District No ..... Registered No..... 2. FULL NAME..... (a) Residence, No. St., Ward. (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred TES. mos. mos. ds. ō PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) stated statem I HEREBY CERTIFY, That I attended deceased from 5A, 1F MARRIED, WIDOWED, OR DIVORCED should be sied. Exacts ᇈ **HUSBAND of** (OR) WIFE OF ....... 19 Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7 AGE YEARS MONTHS DAYS If LESS than I ot. NGE day, .....hrs. Date of onset or .....min. RTIFICATES 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... ő **DCCUPATI** Supplied 9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: Œ year) occupation..... 12. BIRTHPLACE (CITY OR TOWN)..... should be (STATE OR COUNTRY) FATHER ⋖ 13. NAME RECEIVE information sh in plain terms, What test confirmed diagnosis?..... Was there an autopsy?..... 14. PIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Š Where did injury occur?.... 16, BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) (STATE OR COUNTRY) -Every item of E OF DEATH Specify whether injury occurred in industry, in home, or in public place. SHALL 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVALE Nature of injury.... 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... 19. UNDERTAKER..... ewill (ADDRESS), (Signed)... 20. FILED.... Registrat

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